

**Review
of the**

State of Missouri

Comprehensive Plan for Mental Health

Creating Communities of Hope

Background:

In October, 2006, the State of Missouri was awarded a Mental Health Transformation State Improvement Grant (MH-TSIG) from the Center for Mental Health Services (CMHS) in the Substance Abuse and Mental Health Services Administration within the United States Department of Health and Human Services. Based upon the recommendations of the President's New Freedom Commission (NFC) Report issued in 2003 and its call for a fundamental transformation of the nation's approach to mental health care, the purpose of the federal grant is to assist the state in transforming its public mental health system to one primarily driven not by bureaucratic and financial requirements, but by consumer/family needs and aimed towards both building resiliency and facilitating recovery.

Along with eight other states awarded this highly competitive five (5) year cooperative agreement in 2005 and 2006, a major "deliverable" of the grant is a "*MH-TSIG Comprehensive Mental Health Plan*". Building upon a separately developed *Needs Assessment and Resource Inventory Report*, the Plan is intended to reflect the state's unique characteristics, needs, and resources, and to have been developed through collaborative and inclusive processes among all stakeholders. As such, it is intended to articulate the overall goals and operational strategies that will be used to guide the state's multi-year transformation process.

Entitled by Missouri as its "*Comprehensive Plan for Mental Health*", it encompasses the five-year period from January, 2008 to January 2013 but is considered a dynamic plan in that changes are expected as the Transformation process continues and details added and/or revised as progress and experience is gained.

As required by the cooperative MH-TSIG agreement, this Plan was submitted on time to CMHS on March 28, 2008. As reflected in the review findings shown below, the *Comprehensive Plan for Mental Health* as submitted by the State of Missouri fully meets all requirements of its Cooperative Agreement with the Center for Mental Health Services as related to submission of such a Plan.

Overall Review Findings:

Missouri's Comprehensive Plan for Mental Health (herein referred to as the Plan or the CPMH) is a well organized and well written document that provides a clearly articulated vision, highly delineated goals and objectives, and an initial action plan directed toward the state's intent to transform its entire mental health system. Building on partnerships and collaborative activities across multiple public and private agencies, the Plan represents a bipartisan, cross-agency, public-private partnership involving state and local leaders at all levels, consumers and family members, key stakeholder groups, over 240 citizens with specialized expertise and backgrounds, and 14 public hearings throughout Missouri. The Plan is ambitious and far reaching in that it is intended to encompass all state agencies and other entities whose policies, practices, and programs affect "...persons either at risk of developing or having mental illnesses, substance use or addictive disorders, and mental retardation/developmental disabilities". Moreover, the Plan has adopted a full life-span approach – children, adolescents, adults, and the elderly – as well as seeking to be culturally and geographically sensitive and responsive.

It is important to note that while the MH-TSIG cooperative agreement focuses on transformation of the mental health system, the State of Missouri has chosen to expand its focus so as to also include its citizens with substance use or addictive disorders and those with mental retardation/developmental disabilities. In taking this approach, the CPMH fully integrates the services, resources, and needs of all three target populations within its overall transformation initiative and, notably, is the only one of the nine MH-TSIG states to do so. Undoubtedly, this approach will improve services for all Missourians with a substance use or addictive disorder or with mental retardation/developmental disabilities, but it will also especially benefit individuals with co-occurring mental illnesses.

Augmented by an Executive Summary, causal mapping, a glossary of terms and acronyms, a diagramed logic model, and other supportive references, the CPMH is primarily organized in four (4) major parts: Vision and Strategic Direction, Goals and Objectives, Action Plan, and Governance.

Part 1, Vision and Strategic Direction, provides an overview of the public health approach, the state's adoption of this approach as an overarching theme to transcend divisions between mental health and other health care, and an outline of six strategic themes that emerged from the planning and public input processes. Together, the six themes describe the directions to be taken in moving Missouri toward a public health approach, in creating "communities of hope" throughout the state, and in guiding the overall transformation of its mental health system.

Within the Plan, each strategic theme is described in terms of "What is the issue?", "Where do we need to go in Missouri?", and "How will we know we are successful?". The approach is particularly effective in outlining the current operational status of Missouri's mental health system and the state's vision and intent to transform it. Also included is a well designed table depicting each overarching strategic theme, its current status, and its vision for the future. In a concise and informative manner, this section of

the plan allows readers with varying familiarity with the mental health system to easily grasp the need for, and importance of, both the transformation initiative and the state's clear vision for the changes required.

Part 2 of the CPMH, Goals and Objectives, describes Missouri's six goals, multiple objectives within each goal, and core strategies to be followed in achieving transformation. The first five goals parallel those contained in the President's New Freedom Commission (NFC) Report on Mental Health, with the sixth NFC goal – "Technology is Used to Access Mental Health Care and Information" – incorporated by Missouri into each of its other 5 goals. The state's sixth goal is that "Missouri's Communities Are Proficient in Meeting Local Mental Health Needs" and is aimed at assuring state agency policies are informed by consumers and local needs, creating or expanding public and private collaboratives, and expanding the role and capacity of communities to themselves identify needs, promote mental health, and create opportunities for consumer inclusion. This goal is especially noteworthy in that for transformation to be successful and self-sustaining, it must be continuously responsive to consumers' changing needs, involve collaboration and partnerships at all levels, and actively include the local communities in which consumers and families reside.

Part 3, Action Plan, describes the priority actions planned for 2008 and identifies the objective(s) addressed by each, the responsible parties, the ACE Goals and GPRA measures to which they apply, the complexity of implementation, the timeline, and both the target population and age groups on which they focus. Due to the comprehensiveness and dynamic nature of the CPMH, the Action Plan was written as a separate chapter so as to facilitate regular updates without the need to revise the overall Plan. Annual updates of this section are expected which will serve as an action plan for the following year.

Part 4, Governance, describes the state's organizational and governing structure in regard to the transformation initiative. Described in narrative form and shown graphically are the inter-relationships of existing state agencies, advisory groups, management teams, workgroups, collaborative partnerships, and other committees or structures involved in the MH-TSIG initiative. Issues related to sustainability of the effort are also briefly described.

The CPMH builds upon its recently completed *Needs Assessment and Resource Inventory for Mental Health (NARI)*, a comprehensive review of the state's strengths, resources, and needs in regard to persons with mental illnesses, substance use and addictive disorders, and/or mental retardation/developmental disabilities. The NARI was conducted by the Missouri Institute of Mental Health and designed to inform the deliberations and development of the CPMH. It is clear that findings from the NARI were shared with planners, advisory groups, and other stakeholders throughout the Plan development period and the CPMH reflects numerous references to the data obtained and to the needs identified by stakeholders across all three of the major population target groups.

In recognition of the cross-system approach necessary to achieve Transformation, the CPMH also acknowledges the impact on consumers, youth, and families of policies, practices, and other considerations outside of its mental health, substance abuse, and mental retardation/developmental disabilities systems. As such, collaboration among all state agencies and others represented on the Governor-appointed Transformation Working Group is reflected throughout the Plan and addressed within all of its Goals and Objectives, its Strategic Themes, and its Priority Actions.

As noted previously, the CPMH is a well written document that clearly articulates the state's vision and plan to transform its mental health system inclusive of all persons either at risk of developing or having mental illnesses, substance use or addictive disorders, and mental retardation/developmental disabilities. In alignment with the six over-arching goals of the New Freedom Commission, it also represents an impressive listing of goals, objectives, and initial priority action steps to be followed by the state.

At the same time, however, the CPMH is ambitious – indeed daunting – with its strategies far reaching, multi-pronged, future-oriented, and cross-system focused. Indeed, inclusion of three target population groups even further compounds its challenges, as does its life-span focus and attention to cultural and geographical differences.

It is understood that the CPMH spans multiple years and is very much considered a *dynamic* plan where additions, deletions, corrections, and adjustments – both minor and major -- will need to be made as the transformation process continues. Although no substantive shortcomings of the submitted CPMH were noted, future updates may be improved by adding target completion dates to priority actions, where appropriate; and by identifying those actions which are completed, partially completed, substantially altered, added, or deleted as time goes on.

Additionally, and although the CPMH is clearly written, the State may benefit from the design of a brochure or other abbreviated format that would assist in widely disseminating the prime concepts embodied within the Plan. Those interested in knowing more about the state's plan and/or who wish to assist in the effort could be directed to a phone number, a website, public libraries, local agencies, and other locations where more information might be obtained.

Unquestionably, the State of Missouri is to be commended for its *Comprehensive Plan for Mental Health* submitted in compliance with the MH-TSIG Cooperative Agreement and for its impressive, though highly challenging, blueprint for transformation of the state's overall mental health system. .